

L06000029262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

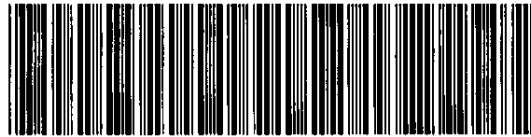
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900155976039

05/15/09--01027--024 **25.00

FILED
09 MAY 15 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 18 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Howell's Assisted Living LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frances M. Howell
(Name of Person)
Howell's Assisted Living LLC
(Firm/Company)
541 Mountain Valley Rd.
(Address)
Defuniak Springs, FL 32435
(City/State and Zip Code)

FILED
09 MAY 15 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Frances Howell at 850 892-0631
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
09 MAY 15 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Howell's Assisted Living, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4-1-06 and assigned
Florida document number L06000029262

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

541 Mountain Valley Rd.
Defuniak Springs, FL 32435

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

541 Mountain Valley Rd.
Defuniak Springs, FL 32435

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Frances M. Howell

New Registered Office Address:

541 Mountain Valley Rd.

(Enter Florida street address)

Defuniak Springs

(City)

Florida

32435

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Frances M. Howell

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Faith R. Cox	541 Mountain Valley Rd DeFuniak Springs FL 32435	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

FILED
 09 MAY 15 PM 1:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated May 14, 09

Frances M Howell
 Signature of a member or authorized representative of a member

FRANCES M Howell
 Typed or printed name of signer